

Supplemental Application Data Sheet

Application Information

Application Number:: 10/593,318
IA Filing Date:: March 16, 2005

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: NONINVASIVE MEASUREMENTS IN A
HUMAN BODY
Attorney Docket Number:: BALBERG3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Michal
Middle Name::
Family Name:: BALBERG
Name Suffix::
City of Residence:: Jerusalem
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 19 Nof Harim
City of Mailing Address:: Jerusalem
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 96190
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Revital
Middle Name::
Family Name:: PERY-SHECHTER
Name Suffix::
City of Residence:: Rishon-Lezion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 52 Hatizmoret Street
City of Mailing Address:: Rishon-Lezion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75582
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity

Given Name:: Michal
Middle Name::
Family Name:: OLSHANSKY
Name Suffix::
City of Residence:: Tel Aviv
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 16 Bavli Street
City of Mailing Address:: Tel Aviv
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 62331

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

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|------------------|-------------------|-----------------|---------------|
| Application:: | Continuity Type:: | Parent | Parent Filing |
| | | Application:: | Date:: |
| This Application | National Stage of | PCT/IL05/000300 | 03/16/05 |

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: OR-NIM Medical Ltd.
Street of Mailing Address:: 1 Yodfat Street
City of Mailing Address:: Lod
State or Province of Mailing Address::
Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 71291